Principle Business of	or profession:
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Business Name (doing business as)				
Employer ID				
Business address:				
Accounting Method	Cash	Accrual		
Inventory Method	Cost	Lower cost or market	other	NA
Check if this is your first year in business			Yes	No

Check if this is your first year in business

Did you make any payments in 2023 that would require you to file forms 1099

If "YES" did you or will you file 1099 (attach copies if filed)

INCOME	AMOUNT	COST OF GOOD	S SOLD (buying product for resale)	AMOUNT
1. Gross Receipts or sales		1. Beginning inventory		
(attach copies of 1099's,1099k)		2. Purchases for	resale	
		3. Cost of items used personally		
		4. Materials and supplies		
		5. Merchant fee	S	
		6. Other costs		
		7. End of year ir	ventory value	
EXPENSES				AMOUNT
1. Advertising(webiste, FB ads, Id	1. Advertising(webiste, FB ads, IG, flyers etc)			
2. Commissions and fees				
3. Contract Labor				
4. Employee benefits programs				
5. Business Insurance(Liability, Errors&Omissions, etc. NO AUTO)				
6. Interest (business loans, etc, NO PERSONAL CC INTEREST)				
7. Legal and Professional(Tax Prep Fees and other legal)				
8. Office expenses	3. Office expenses			
9. Rent or lease (office)				
10. Business equipment rental	10. Business equipment rental			
11. Repairs and maintenance				
12. Supplies	2. Supplies			
13. Taxes and licenses (business of	nly NO ESTI	MATED TAX PAYI	MENTS)	
14. Travel				
15. Meals (entertainment no longer deductible)				
16. Utilities(office rental utilities)				
17. Wages(attach W-2's and W-3)				
Other:		AMOUNT	Misc Other(description)	AMOUNT
19. Internet(portion used for business)			25	
20. Cell phone(portion used for busine	ess)		26	
21. Parking(business only)			27	
22. Dues & Subscriptions			28	
23. Client gifts 25\$ or less			29	
24. Education & seminars			30	

IF YOU USE YOUR VEHICLE FOR WORK *IF YOU WORK FROM HOME*

Fill out auto worksheet

Fill out home office worksheet

DEPRECIATION (Equipment over 500 per item needs to be depreciated)

PROPERTY DESCRIPTION	COST	DATE ACQUIRED

Taxpayer Signature

Spouse Signature

Printed Name

Printed Name

Date

Date